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PTO/SB/05 (4/98)

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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No.	12270-B
First Inventor or Application Identifier	Curtis Lee Carrender
Title	Distance/Ranging by Determination of RF..
Express Mail Label No.	EK38615214US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i>	5. <input type="checkbox"/> Microfiche Computer Program (Appendix)
2. <input checked="" type="checkbox"/> Specification [Total Pages 21] <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (<i>if filed</i>) - Detailed Description - Claim(s) - Abstract of the Disclosure 	6. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 3]	7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of <i>(when there is an assignee)</i> <input type="checkbox"/> Attorney
4. Oath or Declaration [Total Pages 3] <ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) <i>(for continuation/divisional with Box 16 completed)</i> <ul style="list-style-type: none"> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b). 	9. <input type="checkbox"/> English Translation Document (<i>if applicable</i>) 10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Statement Citations
	11. <input type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> <ul style="list-style-type: none"> * Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application, <i>(PTO/SB/09-12)</i> <input type="checkbox"/> Status still proper and desired 13. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 14. <input type="checkbox"/> Other: 15. <input type="checkbox"/> Other:

***NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).**

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

Continuation Divisional Continuation-In-part (CIP) of prior application No: _____

Prior application information: Examiner _____ Group / Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here)		<input checked="" type="checkbox"/> Correspondence address below
Name Stephen R. May (K1-53)		
Address Battelle Memorial Institute P.O. Box 999		
City Richland	State WA	Zip Code 99352
Country U.S.A.	Telephone (509) 375-2387	Fax (509) 375-4487

Name (Print/Type)	Stephen R. May	Registration No. (Attorney/Agent)	29,255
Signature	Stephen R. May	Date	June 6, 2000

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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FEE TRANSMITTAL For FY 2000

Patent fees are subject to annual revision.

Small Entity payments **must** be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

See 37 C.F.R. §§ 1.27 AND 1.28.

TOTAL AMOUNT OF PAYMENT

(**\$**) **504.00**

Complete If Known

Application Number	Not Assigned
Filing Date	Herewith
First Named Inventor	Carrender
Examiner Name	Not Assigned
Group/Art Unit	Not Assigned
Attorney Docket No.	12270-B

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number

02-1275

Deposit Account Name

Battelle Memorial Institute - PND

Charge Any Additional Fee Required
Under 37 CFR §§ 1.16 and 1.17

2. Payment Enclosed:

check Money Order Other

FEES CALCULATION

1. BASIC FILING FEE

Large Entity Fee	Small Entity Fee	Fee Description	Fee Paid
Code (\$)	Code (\$)		
101 690	201 345	Utility filing fee	345
106 310	206 155	Designing filing fee	
107 480	207 240	Plant filing fee	
108 690	208 345	Reissue filing fee	
114 150	214 75	Provisional filing fee	

SUBTOTAL (1) (\$) **345**

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee form below	Fee Paid
29	- 20 ** =	9 X 9 =	81
Independent Claims	5 - 3 ** =	2 X 39 =	78
Multiple Dependent			

** or number previously paid, if greater; For Reissues, see below

Large Entity Fee	Small Entity Fee	Fee Description	Fee Paid
Code (\$)	Code (\$)		
103 18	203 9	Claims in excess of 20	
102 78	202 39	Independent claims in excess of 3	
104 260	204 130	Multiple dependent claim, if not paid	
109 78	209 39	**Reissue independent claims over original patent	
110 18	210 9	**Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$) **159.00**

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

Complete (if applicable)

Name (Print/Type)	Stephen R. May	Registration No. (Attorney/Agent)	29,255	Telephone	(509) 375-2387
Signature	<i>Stephen R. May</i>			Date	<i>June 6, 2000</i>

SEN TO: Assistant Commissioner for Patents, Washington, DC 20231.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
)	
Curtis Lee Carrender)	
)	
)	
)	
For: DISTANCE/RANGING BY)	Our Ref. No: 12270-B
DETERMINATION OF RF)	
PHASE DELTA)	Date: June 5, 2000
)	

CERTIFICATE OF MAILING

Box PATENT APPLICATION
Commissioner of Patents and Trademarks
Washington, DC 20231

Dear Sir:

The undersigned hereby certifies that the attached:

- Patent Application of _____ pages, and
- Drawings of _____ Sheets
- Fee Transmittal (2 ea.)
- Assignment / Cvr. Sheet
- Combined Declaration and Power of Attorney
- Small Entity
- Information Disclosure
 - with attachments .

are being deposited with the United States Postal Service as:

- [] First Class Mail
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Janice K. Dugborn
Signature

June 6, 2002
Date Deposited

Janice K. Laybourn K1-53
Intellectual Property Services
Battelle Memorial Institute
Pacific Northwest Laboratories
P.O. Box 999
Richland, WA 99352
(509) 375-2655